

# Office of Administration

## Commissioner's Office

### "Request for Preauthorization for Other Services"

Program: Alternatives to Abortion

Contractor: Nurses for Newborns

Subcontractor: N/A

Please enter below the information for each item/service to be purchased. List the date of purchase, item to be purchased, cost for the item, and the justification. Items must be approved **before** purchased/provided to be reimbursed.

Client Name: [REDACTED]

Date Enrolled: \_\_\_\_\_

Proposed Purchase Date	Item	Total Cost (include formal estimate from provider of services)	Justification, include other sources of funding that have been attempted
4/25/17	4 sets of scrubs for a Full time job starting May 3	\$ 120.00	under city/urban legend
AMOUNT TO BE REIMBURSED			

*Please return to Alternatives to Abortion Program Manager, State of Missouri - Office of Administration, Commissioner's Office, State Capitol Building, Room, 125, Jefferson City, MO 65101. May be faxed to 573/751-1212 or emailed to [emily.kraft@oa.mo.gov](mailto:emily.kraft@oa.mo.gov) by the Contractor only!*

Thank you.

Authorized person requesting purchase: 

Approved for purchase: \_\_\_\_\_ Date \_\_\_\_\_

Purchase denied: \_\_\_\_\_ Date \_\_\_\_\_

Reason for denying purchase: \_\_\_\_\_